

EMPLOYEE DISCLOSURE FORM

Employee Name: _____ Date: _____
(please print)

Job Title: _____

Department: _____

Please list the names of any relatives who presently work at Berea College and also list the person's relationship to you:

OUTSIDE EMPLOYMENT:

Please list any other employment you may do OUTSIDE of Berea College:

1. What is the nature of the work you listed above:

2. How many hours per week do you work at this position? _____

3. What days of the week do you work? _____

Disclosure of Substantial Interest:

Please provide a full description of your substantial interest as described in the attached Conflict of Interest Policy:

Please explain what action with the College might be construed as having an effect on the substantial interest described above: (i.e. services provided, goods purchased, etc)

If the Substantial Interest (potential Conflict of Interest) is with a firm, name that firm:

Name of Firm: _____

Address: _____

Telephone: _____

Contact Name: _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Administrative Committee Member Signature: _____ Date: _____

AC Member Comments: _____

